The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116
617-753-7300
FAX: 617-753-7320

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

TO: All Ambulance Services and MA EMTs

FR: Jon Burstein, MD State Medical Director-OEMS

DT: **June 6, 2008**

RE: Statewide Treatment Protocols Version 7.04 (**effective 6/6/2008**)

Version 7.04 changes the use of ondansetron for nausea and vomiting in protocols 3.14 and 5.13 to a standing order for paramedics rather than a medical control option. It also corrects some typographic errors found in version 7.03, and in addition updates appendix N to allow certain IFT medications to be ordered and given as boluses en route. Please remove the old protocol and replace with these changes.

Any questions please email Tom Quail, RN at tom.quail@state.ma.us

Thank you.

EMERGENCY MEDICAL SERVICES
PRE-HOSPITAL TREATMENT
PROTOCOLS

COMPLETE TEXT

Seventh Edition
Official Version # 7.04
Effective 6/6/2008

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
2 Boylston Street 3rd floor
BOSTON, MA 02116
(617) 753-7300

www.ma.gov/dph/oems

3.14 ADULT PAIN AND NAUSEA MANAGEMENT

Pain management with analgesics should be considered utilizing the following protocol**. The purpose of this protocol is to:

- Attempt to decrease and/or alleviate pain and minimize patient anxiety
- Facilitate positioning and splinting techniques

**** NOTE: This protocol excludes patients with Head Injury, Altered Mental Status, Respiratory Distress, Cardiac Emergencies, Abdominal Pain and Unstable patients. However, upon contacting Medical Control, the physician may order pain medication for these patients. Some of the protocols for these entities may also include use of pain medications.**

ASSESSMENT / TREATMENT PRIORITIES

1. Ensure scene safety and maintain appropriate body substance isolation precautions
1. Maintain an open airway and assist ventilations as needed.
2. Administer oxygen using appropriate oxygen delivery device, as clinically indicated.
3. Determine patient's hemodynamic stability and symptoms. Continually assess Level of Consciousness, ABCs and Vital Signs.
5. Obtain appropriate S-A-M-P-L-E history related to event, including any Trauma (recent head injury/fracture.)
6. Monitor and record vital signs and ECG.
7. Treat all life threatening conditions as they become identified.
8. Prevent / treat for shock.
9. Multiple patients need to be appropriately triaged.
10. Initiate transport as soon as possible, with or without ALS. Do not allow patients to exert themselves and properly secure to cot in position of comfort, or appropriate to treatment(s) required.
11. Transport to the nearest appropriate facility .

TREATMENT
BASIC PROCEDURES

INTERMEDIATE PROCEDURES

1. **ALS STANDING ORDERS**
    a. Provide advanced airway management, if indicated.
    b. Initiate IV Normal Saline (KVO) enroute to the hospital.
    c. If patient's BLOOD PRESSURE drops below 100 systolic: Administer a 250 **mL** bolus of IV Normal Saline, or titrate IV to patient's hemodynamic status

2. Contact **MEDICAL CONTROL:** Medical Control may order:
   a. Fluid bolus of Normal Saline (expected fluid bolus of 20 mL/kg). This order may be repeated at the discretion of Medical Control.

PARAMEDIC PROCEDURES

1. ALS-P STANDING ORDERS

a. Provide advanced airway management, if indicated.
b. Initiate IV Normal Saline (KVO) enroute to the hospital.
c. If patient's BLOOD PRESSURE drops below 100 systolic: Administer a 250 mL bolus of IV Normal Saline, or titrate IV to patient's hemodynamic status.
d. Administer Morphine 0.1mg/kg to a maximum of 10mg IV or Fentanyl 1 mcg/kg. to max. 150 mcg. slow IV push.
e. **Ondansetron** 4 mg. IV.

8. Contact MEDICAL CONTROL: Medical Control may order:

a. Fluid bolus of Normal Saline.
b. Naloxone HCL 0.4 – 2 mg IV/IM.
c. **Morphine** 0.1mg/kg to a maximum of 10mg IV/IM/SC or Fentanyl 1 mcg/kg. to max. 150 mcg. slow IV push.
d. **Ondansetron** 4 mg. IV.

5.13 PEDIATRIC PAIN and NAUSEA MANAGEMENT

In the pediatric patient with suspected long bone fractures, significant burns or other clearly painful injuries, pain management with analgesics should be considered utilizing the following protocol. The purpose of this protocol is to:

- Attempt to decrease and/or alleviate pain and minimize patient anxiety
- Facilitate positioning and splinting techniques
- Enhance communication with the patient
- Prevent further injury

ASSESSMENT / TREATMENT PRIORITIES

1. Maintain appropriate body substance isolation precautions.
2. Maintain open airway and assist ventilations as needed. Assume spinal injury when appropriate and treat accordingly.
3. Administer oxygen using appropriate oxygen delivery device, as clinically indicated.
4. As patient's condition suggests, continually assess level of Consciousness, ABC's and Vital Signs.
5. Treat all life threatening conditions as they become identified.
6. Prevent / treat for shock.
7. When multiple patients are involved, they need to be appropriately triaged.
8. Obtain appropriate S-A-M-P-L-E history related to event, including Mechanism of Injury, and possible child abuse.
9. Patient care activity must not unnecessarily delay patient transport to the nearest appropriate facility as defined by **Department approved POE plans**.
10. Initiate transport as soon as possible with or without ALS. Properly secure to cot, or pediatric immobilization device, in position of comfort or appropriate to treatment(s) required.
11. Monitor and record vital signs.

BASIC PROCEDURES

1. Notify receiving hospital.

INTERMEDIATE PROCEDURES

1. ALS STANDING ORDERS

a. Provide advanced airway management, if indicated.
b. Initiate IV normal saline KVO

2. Contact **MEDICAL CONTROL**. Medical Control may order:
   a. Fluid bolus of Normal Saline (expected fluid bolus of 20 mL/kg). This order may be repeated at the discretion of Medical Control.

3. Activate paramedic intercept, if deemed necessary and available.

PARAMEDIC PROCEDURES

1. **ALS-P STANDING ORDERS**
   a. Provide advanced airway management, if indicated.
   b. Initiate IV normal saline KVO Estimate weight using Length Based Tape (e.g. See Appendix or Use Broselow Tape)

c. If IV access obtained, **Morphine 0.1 mg/kg IV/IM/SC/IO (maximum individual dose 5.0 mg)** or Fentanyl 1 mcg/kg. to max. 150 mcg. slow IV push.

d. If **NO** IV access, **Morphine 0.1 mg/kg IM/SC** (**maximum individual dose 5.0 mg)**

e. Ondansetron, for child under or up to 30 kg. 1 mg. IV; for a child over 30 kg., 2 mg. IV.

.

2. **Contact MEDICAL CONTROL** who may also order:
   a. Fluid Bolus: Normal Saline 20 mL/kg IV
   b. Morphine 0.1 mg/kg IV/IM/SC or Fentanyl 1 mcg/kg. to max. 150 mcg. slow IV push.
   c. Naloxone HCL 0.1 mg/kg of a 1**.0** mg/mL solution IV/ET/IO. If patient <5 years: 0.1 mg/kg. If patient > 5 years: 2.0 mg.
   d. **Ondansetron**, for child under or up to 30 kg. 1 mg. IV; for a child over 30 kg., 2 mg. IV.
   e. Use of IO access for any of the above medications.